

California Polytechnic State University, San Luis Obispo

International Scholar Insurance Plan – J-1 Scholars

Welcome to the 2019–2020 International Scholar Insurance Plan! Below are brief highlights of plan benefits, as well as important dates and costs of coverage. You can find all plan materials, including the Plan Certificate, at www.4studenthealth.com/calpoly-scholars.

For questions about enrollment or eligibility, contact Relation Insurance Services at **(800) 537-1777**. For questions about benefits, please call GeoBlue at **(844) 268-2686**.

Insurance ID Card

After you enroll, you will receive an email from GeoBlue notifying you to download your ID card. You may also set up an account at www.geobluestudents.com to access your ID card any time. If you need to seek medical treatment before you receive notice that your ID card is active, please contact Relation Insurance Services at **(800) 537-1777** to obtain your insurance ID number.

Carry your ID card with you at all times! You will need your card when you visit the doctor's office, urgent care, hospital, or pharmacy.

If You Need to See a Doctor

Please visit a Preferred Provider Organization (PPO) doctor or urgent care center for treatment. In order for your medical bills to be paid at 100% (after applicable copay and deductible) when you seek treatment, the provider you visit must be a member of the PPO (Blue Card PPO, part of Blue Cross Blue Shield). To locate a PPO provider, visit www.geobluestudents.com or call **(844) 268-2686**.

Rates and Important Dates

Rates are effective 09/08/2019 to 09/07/2020.

	Scholar	Spouse	Each Child	Two or More Children
Monthly 09/08/2019 to 09/07/2020	\$ 144.00	\$ 144.00	\$ 144.00	\$ 288.00

For more information, please visit:

www.4studenthealth.com/calpoly-scholars

What's Covered

- Doctor visits
- Emergency expenses
- Surgery, in- and out-patient
- Physical therapy, chiropractic care, acupuncture
- Preventive care
- Tests, procedures, and laboratory services, such as X-rays and blood draws
- Pregnancy and maternity
- Prescription drugs

Limitations, copays, coinsurance, and deductibles may apply.

Please see the Plan Certificate for full benefit details.

Additional Plan Information

Please note the following levels for coinsurance, deductibles, copays, and other costs of this coverage.

	Blue Cross Blue Shield Provider	Out-of-Network Provider
Deductible	\$150 per person, per policy year	\$150 per person, per policy year
Covered Percentage	100% of Allowed Charges	70% of Reimbursable Charge
Office Visit Copay	\$10 per visit (deductible waived)	None (coinsurance and deductible apply)
Urgent Care Facility	Deductible applies	Coinsurance and deductible apply [†]
Urgent Care Physician Office Visit	\$10 per visit (deductible waived)	None (coinsurance and deductible apply)
Emergency Room Copay	\$150 per visit (waived if admitted) deductible applies	\$150 per visit (waived if admitted) [†] deductible applies
Prescription Drugs	\$15 Generic/ \$30 Brand-Name (deductible waived)	\$15 Generic/ \$30 Brand-Name (deductible applies)
Out-of-Pocket Maximum	\$5,000 per person, per policy year	\$5,000 per person, per policy year

[†] If true emergency, the benefit will be paid at the In-Network Rate.